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CONFIRMATION NO. 8699

|   |   |                               |   |                                   |                            |
|---|---|-------------------------------|---|-----------------------------------|----------------------------|
| SERIAL NUMBER<br>10/774,510   | FILING DATE<br>02/10/2004<br><br>RULE   | CLASS<br>600                  | GROUP ART UNIT<br>3736  | ATTORNEY DOCKET NO.<br>MR2723-354 |                            |
| APPLICANTS<br><br>Yuan-Yao Shen, Taipei, TAIWAN;<br><br>** CONTINUING DATA **<br><br>** FOREIGN APPLICATIONS **<br><br>** SMALL ENTITY **   |   |                               |   |                                   |                            |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>[Signature]</u> <u>RTT</u><br>Examiner's Signature Initials |   | STATE OR<br>COUNTRY<br>TAIWAN | SHEETS<br>DRAWING<br>5  | TOTAL<br>CLAIMS<br>14             | INDEPENDENT<br>CLAIMS<br>5 |
| ADDRESS<br>04586<br>ROSENBERG, KLEIN & LEE<br>3458 ELLICOTT CENTER DRIVE-SUITE 101<br>ELLICOTT CITY, MD<br>21043  |   |                               |   |                                   |                            |
| TITLE<br>Earphone-type physiological function detecting system  |   |                               |   |                                   |                            |
| FILING FEE<br><br>RECEIVED<br>471   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                   |                            |